

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

101088763

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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50						
TOTAL IND.						
TOTAL DEP.	12					
TOTAL CLAIMS	13					

	AFTER 3rd AMENDMENT		AFTER 4th AMENDMENT		AFTER 5th AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY